

SARS-CoV-2 Infection Questionnaire

Thank you very much for completing the questionnaire

If you need to interrupt filling it in and want to come back later (e.g. because of missing information) you can do so by emailing yourself a link at the bottom of the questionnaire

In case of questions please contact SPSU-corona@ukbb.ch

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Baseline data

Reporting hospital

- ☐ Aarau (Code SPSU: 3123)
- ☐ Baden (Code SPSU 1139)
- ☐ Basel (Code SPSU 1121)
- ☐ Bern (Code SPSU 3117)
- ☐ Biel (Code SPSU 1114)
- ☐ Centre hospitalier Rennaz (Aigle, Meryin, Vevey) (Code SPSU 2108)
- ☐ Chur (Code SPSU 1129)
- ☐ Delémont (Code SPSU 2115)
- ☐ Fribourg (Code SPSU 2107)
- ☐ Genève (Code SPSU 2104)
- ☐ CHUV, Lausanne (Code SPSU 2202)
- ☐ Hôpital de l'Enfance, Lausanne (Code SPSU 2101)
- ☐ Istituto Pediatrico della Svizzera Italiana (Bellinzona, Locarno, Lugano) (Code SPSU 3125)
- ☐ Luzern (Code SPSU 1124)
- ☐ Morges (Code SPSU 2103)
- ☐ Münsterlingen (Code SPSU 1136)
- ☐ Neonatologie, Universitäts-Kinderklinik, Bern (Code SPSU 3118)
- ☐ Neonatologie, Frauenklinik, Kantonsspital, St. Gallen (Code SPSU 1138)
- ☐ Neonatologie, Dép. Femme-Mère-Enfant, CHUV (Code SPSU 2102)
- ☐ Neonatologie, Universitäts-Frauenklinik, Zürich (Code SPSU 3134)
- ☐ Neuchâtel (Code SPSU 2112)
- ☐ St. Gallen (Code SPSU 3117)
- ☐ Sion (Code SPSU 2111)
- ☐ Visp (Code SPSU 1119)
- ☐ Winterthur (Code SPSU 3135)
- ☐ Yverdon (Code SPSU 4106)
- ☐ Zollikerberg (Code SPSU 3131)
- ☐ Universitäts-Kinderklinik, Zürich (Code SPSU 3132)
- ☐ Spital Triemli, Zürich (Code SPSU 3133)

Reporting physician

(Please write your name in the box)

Age for children \geq 1 month

(Please specify years and months, e.g. 2 years and 11 months = 2/11)

Age for children $<$ 1 month

(Please specify the age in days)

Gestational age at birth if child is less than 1 year of age

(Please specify weeks and days, e.g. 38/5)

Birth weight in gram

Sex

- ☐ Male
- ☐ Female

Current weight in kg

(e.g. 14.5)

Current height in cm

(e.g. 123, if you don't know the height you can leave the field empty)

Country of birth

- ☐ Switzerland
 - ☐ Germany
 - ☐ Italy
 - ☐ France
 - ☐ Other
 - ☐ Unknown
-

Which other country

Ethnicity

- ☐ Caucasian
 - ☐ Black
 - ☐ Asian
 - ☐ Arabic
 - ☐ Hispanic
 - ☐ Other
-

Which other ethnicity

Migrant/asylum-seeker

- ☐ Yes
 - ☐ No
-

Specify country of origin

- ☐ Eritrea
 - ☐ Syria
 - ☐ Afghanistan
 - ☐ Turkey
 - ☐ Georgia
 - ☐ Other
-

Which other country of origin

Pre-existing medical conditions

- ☐ None
 - ☐ Respiratory disease
 - ☐ Immunodeficiency
 - ☐ Cardiovascular disease
 - ☐ Haematological/oncological disease
 - ☐ Diabetes
 - ☐ Other
- (You can choose several answers if needed)
-

Which respiratory disease

Which immunodeficiency

Which cardiovascular disease

Which type of diabetes

Which other disease

Which haematological/oncological disease

Date of diagnosis of haematological/oncological disease

Specify treatment protocol of patient at time of SARS-CoV-2 diagnosis (e.g. AIEOP/BFM 2017 ect.)

Specify current treatment phase (e.g. induction or consolidation)

Stem cell transplant

- ☐ No/not applicable
☐ Yes, autologous
☐ Yes, allogenic

Date of stem cell transplant

Immunosuppressive drugs (at SARS-CoV-2 diagnosis)

- ☐ No
☐ Corticosteroids
☐ Biologicals
☐ Chemotherapy
☐ Other (e.g. cyclosporin, tacrolimus, mycophenolate, ect.)
(You can choose several answers if needed)

Name of corticosteroid

Dose of corticosteroid in mg

Time interval corticosteroids given

(Please specify times a day or week, ect.)

Specify name, dose and interval of each biological

Specify each drug of the chemotherapy with name, dose and interval

Specify each drug with name, dose and interval

MMR immunisation

- ☐ No
☐ One dose
☐ Two doses
☐ Unknown
-

Date of last MMR immunisation

BCG immunisation

- ☐ No
☐ Yes
☐ Unknown
-

Date of BCG immunisation

Influenza immunisation

- ☐ No
☐ One season
☐ Several seasons
☐ Unknown
-

Date of last influenza immunisation

Hospital admission

Admission to hospital

- ☐ Yes
☐ No
-

Date of hospital admission

Date of consultation

Reason for admission

- ☐ Suspected SARS-CoV-2 infection
☐ Confirmed SARS-CoV-2 infection
☐ Other reason
-

Other reason for admission

Previous admission for SARS-CoV-2 infection

- ☐ Yes
☐ No
-

Date of previous admission

Admitted from

- ☐ Home
☐ Other hospital
☐ Other
-

Admitted from which other place

Admission to intensive care unit

- ☐ Yes
☐ No

Date of intensive care unit admission

Reason for intensive care unit admission

- ☐ Respiratory failure
☐ Cardiac failure
☐ Other (please specify)

Other reason for intensive care unit admission

Date of intensive care unit discharge

Date of hospital discharge

Discharged to

- ☐ Home
☐ Other hospital
☐ Other
☐ Died

Discharged to which other hospital

Discharged to which other place

Symptoms

Respiratory distress/tachypnoea

- ☐ Yes ☐ No ☐ Not applicable

Oxygen saturation < 92%

- ☐ Yes ☐ No ☐ Not applicable

Date of onset of saturation < 92%

Fever (> 38°C)

- ☐ Yes ☐ No ☐ Not applicable

Date of onset of fever

Cough

- ☐ Yes ☐ No ☐ Not applicable

Pharyngitis/sore throat

- ☐ Yes ☐ No ☐ Not applicable

Rhinorrhea/nasal congestion

- ☐ Yes ☐ No ☐ Not applicable

Abdominal pain ☐ Yes ☐ No ☐ Not applicable

Vomiting ☐ Yes ☐ No ☐ Not applicable

Diarrhea ☐ Yes ☐ No ☐ Not applicable

Anosmia/dysgeusia ☐ Yes ☐ No ☐ Not applicable

Rash ☐ Yes ☐ No ☐ Not applicable

Specify rash (type, location)

Other ☐ Yes ☐ No ☐ Not applicable

Which other symptoms

Diagnostics

1st nasopharyngeal swab RT-PCR ☐ Not done ☐ Positive
☐ Negative

Date of 1st nasopharyngeal swab RT-PCR

2nd nasopharyngeal swab RT-PCR ☐ Not done ☐ Positive
☐ Negative

Date of 2nd nasopharyngeal swab RT-PCR

3rd nasopharyngeal swab RT-PCR ☐ Not done ☐ Positive
☐ Negative

Date of 3rd nasopharyngeal swab RT-PCR

Detection of other viruses in nasopharyngeal swab

☐ Not done
☐ None found
☐ Influenza
☐ RSV
☐ Other
(You can choose several answers if needed)

Which other virus was detected in nasopharyngeal swab

Throat swab RT-PCR ☐ Not done ☐ Positive
☐ Negative

Date of throat swab RT-PCR

Tracheal aspiration RT-PCR

☐ Not done ☐ Positive
☐ Negative

Date of tracheal aspiration RT-PCR

BAL (bronchoalveolar lavage) RT-PCR

☐ Not done ☐ Positive
☐ Negative

Date of BAL (bronchoalveolar lavage) RT-PCR

Stool RT-PCR

☐ Not done ☐ Positive
☐ Negative

Date of stool RT-PCR

1st serology

☐ Not done ☐ Positive
☐ Negative

Date of 1st serology

Result of 1st serology: IgM with units

Result of 1st serology: IgA with units

Result of 1st serology: IgG with units

2nd serology

☐ Not done ☐ Positive
☐ Negative

Date of 2nd serology

Result of 2nd serology: IgM with units

Result of 2nd serology: IgA with units

Result of 2nd serology: IgG with units

1st chest x-ray

- ☐ Not done
☐ Normal
☐ Unilateral changes
☐ Bilateral changes
☐ ARDS
☐ Other

Which other findings were found on the 1st chest x-ray

Date of 1st chest x-ray

2nd chest x-ray

- ☐ Not done
☐ Normal
☐ Unilateral changes
☐ Bilateral changes
☐ ARDS
☐ Other

Which other findings were found on the 2nd chest x-ray

Date of 2nd chest x-ray

3rd chest x-ray

- ☐ Not done
☐ Normal
☐ Unilateral changes
☐ Bilateral changes
☐ ARDS
☐ Other

Which other findings were found on the 3rd chest x-ray

Date of 3rd chest x-ray

Echocardiography

- ☐ Not done ☐ Normal
☐ Abnormal

Which abnormal findings were found on echocardiography

Date of echocardiography

Was there another diagnostic done (e.g. CT)

- ☐ Yes ☐ No

Which other diagnostic was done, on what date and what was found

Treatment

Oxygen support

☐ Yes ☐ No

How many days on oxygen

High-flow oxygen

☐ Yes ☐ No

How many days on high-flow oxygen

CPAP or other NIV (NIV=non-invasive ventilation)

☐ Yes ☐ No

How many days on CPAP or other NIV

Mechanical ventilation

☐ Yes ☐ No

How many days on mechanical ventilation

Maximum FiO2 in %

Maximum flow rate in L/min

ECMO

☐ Yes ☐ No

How many days on ECMO

Inotropic support

☐ Yes ☐ No

How many days on inotropic support

Anti-inflammatory treatment

- ☐ No
☐ Corticosteroids
☐ Azithromycin
☐ Biologics (e.g. anakinra, tocilizumab, siltuximab, ect.)
☐ Immunoglobulins
☐ Other
 (You can choose several answers if needed)

Specify dose, interval and dates corticosteroids was given

Specify dose, interval and dates azithromycin was given

Specify drug, dose, interval and dates of biological given

Specify drug, dose, interval and dates of immunoglobulins given

Which other anti-inflammatory drug was given and in which dose, interval and dates

Antiviral treatment

- ☐ No
☐ Hydroxychloroquine
☐ Lopinavir/ritonavir
☐ Remdesivir
☐ Other
(You can choose several answers if needed)
-

Specify dose, interval and dates hydroxychloroquin was given

Specify dose, interval and dates lopinavir/ritonavir was given

Specify dose, interval and dates remdesivir was given

Which other antiviral drug was given and in which dose, interval and dates

Complications

Complications

- ☐ No
☐ Vascular/Cardiac
☐ Neurologic
☐ Superinfection
☐ Other
(You can choose several answers if needed)
-

Which other complication

Specify vascular/cardiac complication

Specify neurological complication

Specify superinfection

Transmission / exposure

Exposure to presumed index case

- ☐ No
☐ Yes, SARS-CoV-2 confirmed
☐ Yes, without confirmation
(Please write down the person by whom the child was likely infected)

Specify relation and age (e.g. brother, 15 years)

Further cases in household

- ☐ No
☐ Yes, SARS-CoV-2 confirmed
☐ Yes, without confirmation
(Please do not include the index case if mentioned in the question before)

Specify relation and age (e.g. brother, 15 years)

Further cases outside household

- ☐ No
☐ Yes, SARS-CoV-2 confirmed
☐ Yes, without confirmation

Specify relation and age (e.g. brother, 15 years)
